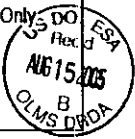


FORM LM-30  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - <u>2147</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name BRIAN W DAHL  P.O. Box, Bldg., Room No., if any  Street 735 HARTFIELD DRIVE  City NORTH AURORA  State Illinois ZIP Code + 4 60542	4. Name, file number, and address of labor organization.  Name PAINTERS AND ALLIED TRADES LOCAL UNION NO. 448  Labor Organization File Number 1009-240  P.O. Box, Building and Room Number, if any  Street 2175 Rochester Drive  City Aurora  State Illinois ZIP Code + 4 60506
5. Position in labor organization. DELEGATE TO DISTRICT COUNCIL NO. 30	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  NONE  7.b. Amount.  \$0

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Brian W. Dahl*

On

8/3/05

Date

630-966-1448

Telephone Number

Name of Person Filing <b>BRIAN DAHL</b>	File Number U-
---	----------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9. Business deals with:</b></p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;">b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>NONE</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;">\$0</span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p>NONE</p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;">\$0</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p><b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).</p> <p>Name <u>ILLINOIS PAINTING &amp; DRYWALL INSTITUTE</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1991 W. DOWNER PLACE</u></p> <p>City <u>Aurora</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60506</u></p>	<p><b>14.a. Nature of payment.</b></p> <p><u>ONE LABOR MANAGEMENT DINNER</u></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <span style="float: right;">?</span></p>	<p><b>14.b. Amount of payment.</b> <span style="float: right;">\$65</span></p>

Name of Person Filing <b>BRIAN DAHL</b>	File Number <b>U-</b>
---	-----------------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  a. Labor Organization  b. Trust  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> NONE   <b>11.b. Approximate dollar value of such dealing.</b> _____ \$0  <b>12.a. Nature of interest held or income received.</b> NONE   <b>12.b. Amount.</b> _____ \$0

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>STEPHANIE LORD</b>  Trade Name, if any: <b>LOOMIS, SAYLES &amp; CO. LLP</b>  P.O. Box, Bldg., Room No., if any _____  Street <b>227 W. MONROE ST.</b>  City <b>CHICAGO</b>  State <b>Illinois</b> ZIP Code + 4 <b>60606</b>	<b>14.a. Nature of payment.</b> <b>ONE DINNER DURING TRUST FUND MEETING</b>   <b>14.b. Amount of payment.</b> _____ \$55
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	

Name of Person Filing <b>BRIAN DAHL</b>	File Number <b>U-</b>
---	-----------------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: { _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9. Business deals with:</b></p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;">b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>NONE</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;">\$0</span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p>NONE</p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;">\$0</span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>PAINTERS DISTRICT COUNCIL NO.30 PENSION FUND</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>102</b></p> <p>Street <b>3813 ILLINOIS AVENUE</b></p> <p>City <b>ST. CHARLES</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60174</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>PAYMENT OF HOTEL ROOM FEES FOR TRUST FUND MEETINGS</b></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <span style="float: right;">\$746</span></p>

Name of Person Filing <b>BRIAN DAHL</b>	File Number U-
---	----------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9. Business deals with:</b></p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>NONE</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> \$0</p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p>NONE</p>
	<p><b>12.b. Amount.</b> \$0</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>L. MARK MONROE</b></p> <p>Trade Name, if any: <b>VOYAGEUR ASSET MANAGEMENT, LLC</b></p> <p>P.O. Box, Bldg., Room No., if any <b>4300</b></p> <p>Street <b>90 S. 7TH STREET</b></p> <p>City <b>MINNEAPOLIS</b></p> <p>State <b>Minnesota</b> ZIP Code + 4 <b>.55402</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>ONE ROUND OF GOLF</b></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment</b> <b>\$100</b></p>

Name of Person Filing BRIAN DAHL	File Number U-
----------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>NONE</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$0</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>NONE</p> <hr/> <p>12.b. Amount. \$0</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MARK A. SULLIVAN</p> <p>Trade Name, if any: ALLIANCE BERNSTEIN</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 1345 AVENUE OF THE AMERICAS</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10105</p>	<p>14.a. Nature of payment.</p> <p>ONE COCKTAIL RECEPTION DURING TRUST FUND MEETINGS</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment. \$45</p>